

the dental assistant

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DENTAL ASSISTANTS
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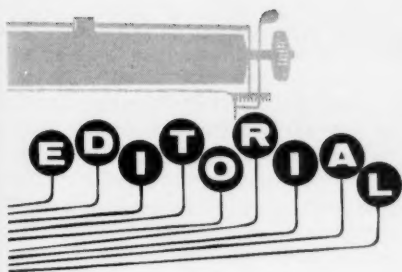
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Are We Prepared To Answer A Call To Active Duty?

Supplying the necessary manpower to provide adequate care to all who seek it is one of the biggest problems that confronts American Dentistry today.

A projection of the continuing decline in dentist supply and a continuing increase in population clearly indicated that the problem would become even more serious within a short time if steps were not taken to avoid it.

The leaders of American Dentistry faced the problem and did not delay in doing something about it. Persons with knowledge and experience in the manpower field were called upon to make studies and analyses of the problem and to recommend programs of action to solve it. Currently a number of experimental programs and further studies are being conducted, and conferences are being held at regular intervals to evaluate the programs and map plans for programs of the future. The leaders of American Dentistry are to be congratulated for their intelligent and positive approach to the problem, and for the action taken to correct it.

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It seems the time has come to issue a call for greater unity within our ranks, for more long-range thinking and planning, for more effective programming and more backing by the individual members. It's time to communicate more effectively for better understanding, and for broader vision. It's time for an awareness that our performances are constantly under scrutiny, and that we will be judged by our accomplishments of today and the judgement we use in our planning for tomorrow. A fearful, timid, weak and shortsighted attitude stifles rather than promotes progress in an association and the falling axe usually seeks the softest flesh!

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Good Relationships With Your Doctor

Julius Caplan, D.D.S.*

To establish good rapport between the dentist and his assistant, a good relationship should begin at the moment the young lady first enters the office seeking a position. Her selection for the job is not a chance, haphazard affair, either for the dentist or for her. The prospective employer has many pertinent questions to ask, and he must study and evaluate the answers correctly. He is seeking an enthusiastic individual who already possesses, or shows unmistakable indications of developing, the ability to assume complete responsibility for office procedures. The applicant wants to know that her ability will be recognized, appreciated, and used to the best advantage. A certain amount of delay or hesitancy while these attributes are weighed is all to the good. When two differing personalities are attempting to meet on a sound working basis, it is just as well to make haste slowly.

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requisites for a good and lasting doctor-assistant relationship. The assistant needs to feel that she is working with the finest dentist there is, in the best office there is. If she doesn't feel this way about her employer and her office, she will be increasingly dissatisfied with her lot, and in all fairness to her employer and to herself, she should seek another position forthwith.

In spite of the greatest care prior to accepting a position, only too often a new employee finds that she and her employer are not going to hit it off. Sometimes this cannot be foreseen in any number of interviews; It is only in the daily work relationship that the flaws begin to appear. For this reason it is often wise to place new relationships on a trial basis—say for the first month or two. Then, if the people are indeed incompatible, the path is open to a graceful withdrawal with no injured feelings or recriminations. If an employer and an assistant find that they cannot maintain a friendly relationship, the employment

* President of Illinois Academy of Dental Practice.

agreement should be terminated as soon as possible because the most necessary ingredient for an efficiently operating office is missing. If friction exists, there can be no smooth functioning of the organization, and the dentist, the assistant, and the patients suffer the consequences.

Another important factor in the makeup of a successful dental assistant is genuine *enthusiasm* for her work. Your dentist's profession is very close to him, a very important part of his life, and he must feel that you enjoy sharing professional life with him, that you find working with him stimulating and challenging. Dentistry is a fascinating vocation. Rapid strides in research have altered the practice of dentistry immeasurably in the past five years, and dentistry is one of the most dynamic professions today. The techniques and instruments of last year are largely outmoded today, and the discovery that excited everyone a year ago is now obsolete. Each day brings new ideas to be tried, changed, and tried again.

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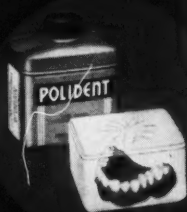
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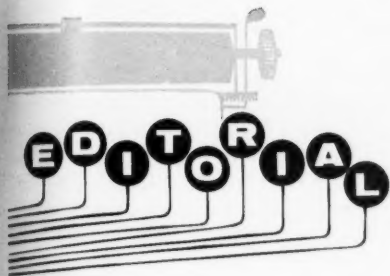
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Face Masks-- Types, Uses and Effectiveness

Karen J. Condy, B.S., R.D.H.*

Use of a face mask as a necessary protection for both patient and operator needs greater emphasis in the dental office or clinic. Analysis of the types and effectiveness of available face masks is of significance to the dentist, dental hygienist and dental assistant for a successful practice.

Hoffman¹ states that, "The spread of air-borne microorganisms occurs either (1) directly by the movement of comparatively large droplets from the mouth or nose of one person to another or (2) indirectly by droplet nuclei formed from small droplets which evaporate and remain floating in the air." Inhalation through the respiratory tract is the most common means by which infectious agents enter the body. This makes air transmission of germs a serious problem in the dental office.

Dentistry is a profession which requires close contact with many individuals, and the simple activities of talking, coughing and sneezing involve a greater risk of direct exchange of oral and pharyngeal

microorganisms than in ordinary interpersonal relationships. It is the dentist and auxiliary personnel's responsibility to the patient to take all precautions possible for the prevention of disease transmission in the dental office or clinic. One way of controlling air-borne infections in the dental office is by the use of a face mask. This is recommended for the patient's and the operator's protection.

Droplet nuclei fail to settle out of the air and are able to float around because of their small size. When inhaled, they go into the lungs and infection occurs when a susceptible person inhales an infectious droplet nucleus produced by a person with a respiratory infection or other communicable disease. Riley² indicates that "Masks are now the chief most commonly employed defense against air-borne infection. When a mask stops the outward movement of germs from an infected person, it stops droplets which have not yet had time to evaporate. A mask on a well person is called upon to stop the inward movement of tiny droplet nuclei."

The average number of bacteria per sneeze is 20,000,³ but only a few are pathogenic. It has been shown by Jenkinson,⁴ as quoted by Duquid,⁵ that the number of droplets produced in normal conversation is a few dozen per word or syllable rising to several hundred in loud talking. Speaking softly reduces droplets

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by a considerable degree. In a study by Duquid⁶ the consonants which threw out the largest number of bacteria through the teeth were T, F, S and K.

According to Riley,⁷ "Air-borne infection, however, is no respecter of boundaries." A face mask should be worn when the patient shows signs of a respiratory infection or other communicable disease, and when the operator or assistant feels he or she is getting a respiratory infection, or when there may be a possibility of exposure to a communicable disease.

TYPES

There are two main types of face masks, the filter and the deflector. At least five materials are used in the construction of a face mask: light weight cotton cloth, gauze, paper, plastic and a firm, porous, pressed fabric. The ideal mask, still being sought, is one which is disposable, comfortable, low in cost and completely prevents the transmission of bacteria.

Rooks and associates⁸ believe the best possible mask is one which acts as a filter against moisture droplets which carry bacteria. According to Arnold,⁷ "Covering the nose and mouth with an impermeable material deflects the expired air all around the edges of the mask, and the atmospheric pollution is the same as if no mask were worn."

There are many types of filter masks available. One particular type is close fitting, covering both nose and mouth and is made of six layers of gauze. A piece of Canton flannel substituted for four layers of gauze is believed by some authorities to make an equally efficient mask." An example of this is shown in Figure 1.

Fig. 1. Gauze Mask. Gauze, filter type mask secured in place by means of cotton ties over the ears and around the neck. The mask is also held secure by means of a metal strip which is fitted inside the top of the mask and can be molded over the nose. This mask is made of two layers of gauze with a piece of flannel inside substituting for four layers of gauze.



Another comfortable, but less close-fitting gauze mask is made with threads on a diagonal across the face and held with one set of ties. Worn on the bias,

Fig. 2. Paper Mask. Paper, disposable, filter mask made of long fiber, viscose material which unfolds like an accordion when used. A single elastic band around the head holds the mask firmly to the face.



Fig. 3. Paper Mask. Paper, disposable face mask which is held to the face by means of string ties over the ears and around the neck. It is a filter type mask and closely adheres to the face.

the mask fits comfortably over the nose because it has more give.⁹ Docking and Amies¹⁰ found in a study that they conducted that the inadequacy of the gauze mask could be improved by adding a filter or a sheet of solid material.

There are several varieties of paper disposable face masks which have been produced. One type¹⁰ which unfolds for use is a long fiber, viscose treated material which can be boiled, or autoclaved, but is inexpensive and may be discarded after use. Secured to the face by a single elastic band attached to the middle of the mask, it fits around the head as shown in Figure 2. Another type of paper disposable face mask has been produced which is shown in Figure 3. Although it is narrower than the accordion-pleated mask mentioned above, it fits adequately over the nose and mouth and is secured firmly to the face by two string ties, one going over the ears and one going around the neck.

A type of filter mask has been devised which is of a firm, porous fabric and is disposable, or can be autoclaved. It is contoured to fit the face, has an adjustable nosepiece, and is held in place by a single elastic band. An example of this mask is shown in Figure 4.

Fig. 4. Contoured Filter Mask. A firm, porous mask, which is contoured and does not adhere closely to the nose and mouth. Covering the area of the nose and mouth, the boundaries of the mask are in close contact to the face and over the nose to prevent the escape of air. It is held in place by a single elastic band.



Several designs of the deflector face mask have been developed which consist mainly of a sheet of transparent plastic over the operator's face. The plastic mask allows a free flow of air around the edges and has less psychological effect on patients, especially children.

A deflector type face mask which is fitted to eyeglasses is shown in Figure 5. The mask is held away from the face causing no discomfort from pressure or overheating. The operators breath is deflected away from the patient, and there is less danger of direct transmission of microorganisms.

A deflector mask of new design developed by Kiser and Hitchcock, is described by Rockwood and O'Donoghue.¹¹ It is made of flexible polyvinyl plastic with wing-like cheek pieces to deflect exhaled air posteriorly. A replaceable cotton and wool filter insert fits inside the mouth section to trap moisture and bacteria. The filter must be changed after each patient. There are a few drawbacks: it smells of plastic, it is uncomfortable to wear especially for a person with a large nose, and it impels the operator to talk louder to be heard when the mask is in place. Wearing the plastic mask over a regular gauze filter is a more comfortable combination and is doubly safe. However, Rockwood and O'Donoghue¹¹ found that the Kiser-Hitchcock mask was used for only about six months, and then was eliminated because one had to speak so loudly to be heard.

EFFECTIVENESS

In a study conducted by Guyton, Buchanan, and Lense¹² three types of masks were tested, the first of which was a flexible aluminum frame to which is clipped a replaceable filter pad composed of a thin layer of absorbent cotton backed by a single thickness of gauze. This is held on the head by elastic straps. The second type was the typical tie-on surgical mask with four thicknesses of gauze serving as the filter medium. The third type of mask was a single sheet of wax-impregnated paper which is held on the head by elastic straps. Two tests were carried out on these masks. The results showed each mask was relatively inef-



Fig. 5. Plastic Mask. A deflector type mask made of transparent plastic. Fitted to eyeglasses, the operator's breath is deflected away from the patient and there is less danger of direct transmission of microorganisms. The mask is held away from the face causing no discomfort from pressure or overheating.

ficient. Two masks were 38-39 percent efficient, and one was only 17.6 percent efficient. Test conditions indicated that maximum mask efficiency depended on peripheral fit and filter efficiency. The third type of mask tested was a single sheet of wax-impregnated paper. This proved to be superior, with the first type made of absorbent cotton on an aluminum frame being next and the second mask of gauze being the least efficient.

Another study conducted by Byrne and Okeke¹³ proved that "Silence is more valuable than masking." In this study three men talked and breathed for five minutes into blood agar plates at a distance of 18 inches away from their faces when wearing a single or double mask and without a mask. One of the men was a nasal carrier of hemolytic *Staphylococcus aureus*, and he transmitted the organism through a double layered mask onto a blood agar plate. From this study it was found that there was no advantage to wearing two masks over one, nor was one mask much of an improvement over none. The same investigators conducted a similar test with nine medical students using blood agar plates at a distance of 18 inches from their faces. The test was done with and without a mask and with and without talking. When the students talked the masks cut the colony counts in half, but they were still higher than the counts obtained by not talking even without a mask. When silence was the rule, the lowest counts were obtained and masking did not improve the situation.

USE

In a profession such as dentistry, all concerned have a legal and a moral obligation to the patient. The risk of disease and infection spreading through incompetence and carelessness in the use of the face mask can not be tolerated.

When placing a mask, it must be adjusted to cover the nose and mouth, since these two orifices present the greatest sources of contamination. All types of masks should be made firm and comfortable before the wearer starts work. The effectiveness of any mask depends on its fit. Flexible metal strips may be run in a casing at the top of the mask so that it can be molded over the bridge of the nose.

When glasses are worn, the mask can be slipped up on the bridge of the nose, and the glasses put down over the outside of the mask. This helps prevent the glasses from clouding and helps hold the mask close to the face. Gauze may also be placed on either side of the ala of the nose to prevent the glasses from clouding.

Face masks should be worn only once and changed immediately after use. The same mask should never be worn with two different patients. Ideally the mask should be changed about every 30 to 45 minutes, or more often if it becomes moist.¹¹ When the mask becomes damp from the operator's breath, it is no longer effective.

Clean and scrubbed hands are a necessity when removing and placing the face mask. Loosening the upper ties of a gauze mask and allowing the mask to fall down on the chest causes it to be contaminated, and it should be replaced with a new mask.

The factors to consider in choosing a mask are: efficiency in use, comfort of wearer, moisture condensation, appearance, effect of cleaning and sterilization, and cost. Effectiveness is certainly the most important prerequisite of the face mask, and to be effective the mask should prevent the escape of droplets as far as possible especially in the patient's direction.

The mask should not be heavy, exert excessive pressure, cause irritation, interfere with normal conversation or restrict vision. The psychological reaction that can result with children is minimized if a neat appearing mask is worn. Plastic should be resistant to crazing or clouding, when treated with a disinfecting solution. Expiratory air is a problem; it may condense on the glasses, or may collect on

the mask. Warming a plastic mask before use will decrease condensation.

The face mask represents a laudable approach to modern concepts of alleviating air-borne transmission of pathogenic microorganisms in the dental office or clinic. Face masks are not perfect, but they are the only means which have been devised at the present time to prevent to a degree the passage of air-borne infection from patient to operator and vice versa. Skillful placing, wearing and removing of the face mask is imperative in the dental office.

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Helpful Hints

Clogged spray bottles

If the tips of spray bottles become clogged, boil them for five minutes and they will become as good as new. If stubborn, remove tip of spray by forcing nozzle open with knife or instrument; take fine wire and run inside tip and down nozzle to dislodge all loose debris.

Stain removers

To remove silver nitrate and eugenol stains from slab or floor, use a cotton tipped applicator which has been dipped in bleach.

Or—to remove silver nitrate stains from hands, apply a cotton roll saturated with tincture of iodine and follow with a roll saturated with x-ray fixer solution.

After slab and spatula have been used for mixing zinc oxide or surgical cement, wipe them off immediately with tissue instead of leaving them in the sink to scrape and clean later.

Also, very warm water will remove cement from instruments and slabs quicker and easier than cold water.

Useful tinfoil

The tinfoil inside x-ray film is quite useful for attaching patient's name to the rack while x-rays are developing and drying. Writing on the foil is easy when a dull pencil is used.

Handy x-ray rack

A collapsible tie rack is a convenient holder for x-rays in the small laboratory or dark room. It can be closed and rotated to one side when not in use.

For clear mercury

To keep mercury clear and free from oxide in the service bottle, place a loosely wadded ball of absorbent cotton in the mercury. The cotton will catch the oxide and a better mix will result.

To clean out alloy which sticks to the bottom of a mortar and pestle, drop in a shot of mercury and clean out with a cotton ball.

Contra-angles

To prevent sterilizing oil from running from contra-angles while in the instrument cabinets, place pieces of tissues or paper towels, cut to fit, in that section of the tray. This will also prevent oil from accumulating and contra-angles from becoming slippery.

Sticking pliers

If pliers stick from rust, work wet fine pumice into the hinge part of the pliers, then work open and shut a few times and the rust will disappear. As soon as the pliers are working freely again, add a few drops of light engine oil to the hinge.

Polishing instruments

Silver cream polish (not paste) does a good job of polishing instruments that the dentist doesn't use very often, but which must be kept bright. It also may be used to clean chrome on units.

Using the air hose

If the air hose is close enough to the cabinet, use it to blow out particles which gather in the drawers.

Cleaning the office

Once a week, as part of your regular housekeeping procedure in the dental office, sit in the dental chair, rest your head and take a good look from the patient's "eye view." You may miss areas when you clean that are especially noticeable to the patient who sits and observes a small area for an entire treatment period.

For a clean cuspidor

To clean the cuspidor, use laboratory pumice on a cleaning cloth and a liberal amount of "elbow grease."

Dental Education For Better Dental Health*

Nina Slobey, C.D.A.

Man's interest in his teeth has led to many odd and unusual practices during the progress of civilization. At one time the treatment of toothache was to scratch the gum under the offending tooth with a coffin nail, and then drive the nail into a tree. This presumably transferred the pain from the tooth to the tree! Behind this strange custom may have been the thought of the resemblance of the rotting wood in the tree to the decay in the tooth.

It was also believed, in days gone by, that wide spaces between the teeth had a certain significance; this varied according to where one happened to be living at the time. In Switzerland widely spaced teeth meant that the individual was destined to be a great singer. In Italy, they believed it was a sign of lifelong good luck. In Arabia wide spacing of the teeth was a sign of evil.

Today it is a sign that the individual, in many cases, requires orthodontic attention.

The story of the progress of dentistry is a proud one; from the days when magic and witch-craft were used to cure dental ills, to modern day dentistry, with its high-speed handpieces, newer and better drugs, and more helpful anesthetics.

Today every effort is made to make the

dental patient as comfortable as possible. The aim of those in the dental profession is to eliminate fear and apprehension in connection with dentistry, and to stress the importance of maintaining sound dental health.

WHY STRIVE FOR DENTAL HEALTH?

Sound teeth make not only for a pleasing appearance, but for good health in general. An attractive smile, an appearance of health, is important to girls, boys, men and women. Success in life, popularity, respect, depend to a great extent upon first impressions. Decayed teeth, missing teeth, and bad breath due to poor oral hygiene many times condemn an otherwise capable person.

WHEN SHOULD YOU BEGIN?

One good trend today is that which calls for more and better dental care for children. Often we are asked, "At what age should a child first be taken to a dentist?" Ordinarily a child can begin his visits to the dental office at the age of two, or as soon as he has all of his primary teeth, or "first set" of teeth.

First acquaint the child with office procedures. The dentist and the dental assistant will show the child the instruments used in dentistry. Allow him to become accustomed with his surroundings. This is the foundation needed for making a child a good dental patient. It is important that he think of the dentist as his friend.

At this time inform the parent of the importance of the child's primary teeth, proper mouth hygiene, and periodic, semi-annual visits to the dentist. Explain how

* This article is a slight revision of a paper entitled "The Dentist Is Your Friend," which Miss Slobey prepared and presented over Radio Station WNYC, February 24, 1959, as a speaker on an Oral Hygiene program of a Greater New York Society.

such a routine can maintain the child's mouth in a complete state of dental health, provided there is also proper daily home care conscientiously carried out.

The parent will often ask, "Why should primary teeth be saved?" At one time it was a widely held belief that children's primary teeth were not important because they eventually fell out and were replaced by permanent teeth. Now we know that sound and healthy primary teeth are the **FOUNDATION** for healthy permanent teeth. When the child's first set of teeth become badly decayed and are consequently lost too soon, the normal development of the succeeding permanent teeth may be threatened. Many of the dental problems occurring in the adult may be traced directly to defects which started in the primary teeth, and most of the problems found in the primary teeth may be traced to neglect of dental decay in young children.

When a child loses a tooth too soon, a chain reaction is set up. Teeth next to the gap begin to drift into the newly created space. The result is that there is not enough room for the succeeding permanent tooth to erupt properly. It comes in out of place and the permanent teeth next to it may also be pushed out of proper position. In many instances the lack of space prevents eruption of the succeeding permanent teeth.

Should the space close and malocclusion, or abnormal bite, occur as a result of the space closure, the condition may be corrected by orthodontics. Orthodontics is the art and science which deals with the prevention of and correction of irregularities of the teeth and jaws.

While orthodontics is an effective means of preventing further problems associated with such space closure, it certainly is more difficult, time-consuming, and expensive than early and regular dental care and preventive measures.

With too early loss of primary teeth, the child's ability to bite and chew his food is seriously impaired, and this may cause digestive and nutritional disturbances. The chief function of the teeth is the grinding of food and cutting it into small pieces. This is the first stage

in digestion, and in order for the rest of the system to perform its functions properly, the initial part of the process must be correctly carried out. If the teeth are sore, broken down or missing, digestion is interfered with at the start.

HOW TO MAINTAIN DENTAL HEALTH.

Regular and periodic examination will help maintain dental health. Regular visits to the family dentist should be made at least once every six months.

In order to remind the patient of the importance of regular dental examination, the dentist and the dental assistant render a service known as the "recall system." A record is kept of the patient's last visit when dental work was completed. Then, usually six months from the date of his last visit, the patient is notified that it is time to arrange an appointment for a dental examination.

Balanced diet plays an important part in helping to maintain good dental health. Plenty of foods should be eaten containing calcium, phosphorous, and vitamins A and D, such as butter, eggs, cheese, prunes, meats, oatmeal and milk, also fruits for vitamin C. **EXCESSIVE INTAKE OF SUGARY FOODS MUST BE AVOIDED.**

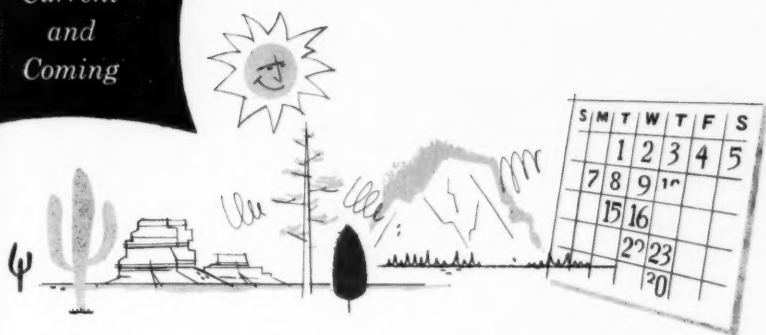
Practicing good oral hygiene is essential to good dental health. The finest type of dental service can be undermined if no effort is made by the dental patient to maintain oral cleanliness.

Correct toothbrushing technique is important because it helps keep the teeth free from clinging food particles. A brush should be chosen to fit the individual's mouth. It is a good plan to have two brushes so that one may dry while the other is in use. In the dental office the patient can be taught how to use a toothbrush properly. A haphazard swishing over the teeth accomplishes nothing.

If one cannot brush after each meal, the mouth should be thoroughly rinsed.

The dental assistant helps to educate the patient in how to maintain good dental health, and how to practice good oral hygiene. The old adage, "an ounce of prevention is worth a pound of cure," carries much truth, especially when applied to dental care.

Current and Coming



Convention Time

This issue of *THE DENTAL ASSISTANT* is filled with convention news. There is information about our programs, both educational and social, and about the Quaker Maid Information Booth that will be set up to help make your visit a pleasant one.

Very little more needs to be said at this time. The next step will be putting all of this into action but to do this we need everyone of you on the spot in Philadelphia. When you arrive the wheels will start turning.

All of the Pennsylvania girls have been working exceptionally hard to make your visit to the City of Brotherly (and Sisterly) Love one that will live long in your memory. No detail has been overlooked as exemplified by the message below from Barbara B. Brown, Fashion Editor of The Evening and Sunday Bulletin in Philadelphia and submitted by Gerry and Nancy, the Philadelphia part of your Publicity Committee.

"Dear Ladies:

In October you'll be packing your bags for what we hope will be a memorable week in Philadelphia. But at this moment your most pressing questions are, 'What will the weather be?' and 'What shall I wear?' If I could predict the weather accurately I could solve both problems easily. However, like many weather forecasters I can only guess!

Last year, mid-October was quite nice with temperatures ranging from high 40s to mid 60s and some very light showers. This year the Almanac calls for cool, fair weather for the week of the 16th with some showers near the end of the week. So it seems that wool suits will be appropriate as well as a packable raincoat and umbrella. You will want a stole or a fall coat for chilly evenings and some basic wool dresses that can travel from noon to night with a quick change of accessories. Don't forget a pair of comfortable walking shoes. We have many historical places you'll want to visit but you won't enjoy them with aching feet. Hats are appropriate, but not a must if you prefer to go without. We hope the weather will be beautiful and that you will enjoy your week in Philadelphia."

Your Publicity Committee is most appreciative and grateful to many people who have cooperated so beautifully in supplying the publicity information. And, of course, special orchids to our Editor, Violet Crowley, for her expertness in format design.

See you in Philadelphia.

Your Publicity Committee,

MYRA J. PETRIE, *Chairman*

GERRY ABELSON, and NANCY HUNGATE,
Co-Chairmen

American Dental Assistants Association

Schedule of Events for the 37th Annual Session

FRIDAY, OCTOBER 13, 1961

9:30 a.m.	Board of Trustees Certifying Board	Independence Room Room 758
Afternoon	Board of Trustees Certifying Board	Independence Room Room 758

SATURDAY, OCTOBER 14, 1961

9:30 a.m.	Board of Trustees Certifying Board	Independence Room Room 758
Afternoon	Board of Trustees Certifying Board	Independence Room Room 758
4:00 to 8:00 p.m.	REGISTRATION	Mezzanine

SUNDAY, OCTOBER 15, 1961

9:30 a.m.	Board of Trustees Certifying Board	Independence Room Room 758
9:30 a.m. - 5:30 p.m.	REGISTRATION	Mezzanine
7:00 p.m.	Pennsylvania Dutch Fair	Garden Terrace

MONDAY, OCTOBER 16, 1961

9:00 to 10:00 a.m.	REGISTRATION	Mezzanine
10:00 a.m.	General Meeting	Crystal Ballroom
1:00 to 2:00 p.m.	REGISTRATION	Mezzanine
2:00 p.m.	First House of Delegates	Crystal Ballroom
Evening	District Meetings	

TUESDAY, OCTOBER 17, 1961

8:30 to 9:30 a.m.	REGISTRATION	Mezzanine
9:30 - 11:30 a.m.	Table Clinics	Franklin Suite
12:30 - 1:30 p.m.	REGISTRATION	Mezzanine
1:30 p.m.	Second House of Delegates	Franklin Suite
6:00 p.m.	Reception	Franklin Suite
6:30 p.m.	Banquet—"Independence Ball"	Crystal Ballroom

WEDNESDAY, OCTOBER 18, 1961

8:00 to 9:00 a.m.	REGISTRATION (members)	Mezzanine
8:30 to 9:00 a.m.	Registration (guests)	Near Franklin Suite
9:00 a.m.	Educational Conference	Franklin Suite
1:00 to 2:00 p.m.	Balloting	Foyer
1:00 to 2:00 p.m.	Open Forum with the Certifying Board and the Education Committee	
1:30 p.m.	REGISTRATION	Room 758
2:00 to 4:00 p.m.	Board of Trustees Table Clinics with American Dental Association	Mezzanine
4:15 p.m.	Third House of Delegates	Independence Room

THURSDAY, OCTOBER 19, 1961

8:30 to 9:30 a.m.	REGISTRATION	Mezzanine
9:30 a.m.	Fourth House of Delegates Presentation of Awards Installation of Officers	Crystal Ballroom
11:30 a.m.	Post Convention Board of Trustees Meeting Post Convention Certifying Board Meeting	Jefferson Room Room 758

Greetings From The Chairman of General Convention Arrangements

At the national meeting in Texas a few years ago a jig saw puzzle of many pieces was given to the Third District. The picture of this puzzle, when completed, will be the American Dental Assistants Association Annual Session in Philadelphia, Pennsylvania.

Since receiving this puzzle many members have been working diligently to help assemble this picture and the committee chairmen report that great strides have been made and puzzle pieces pertaining to their respective committees are falling into place. The cooperation from District members is excellent.

The Benjamin Franklin Hotel, our headquarters, and the largest piece in this puzzle, is in place. Everyone can be accommodated quite comfortably at headquarters, which is located right in the center of town and quite accessible to all places of interest.

There are many pieces of this puzzle which belong to every member of this Association and it is our sincere desire and hope that you are planning to attend this meeting in order that all pieces will be in place and make this picture one hundred per cent complete.

To greet and welcome you will be a distinct pleasure and we do want to show you what is meant by Philadelphia—The City of Brotherly Love. We are looking forward to seeing you ALL in October.

ROSE K. DONOHUE, *Chairman*

Who—What—When—Where

We, the Philadelphia members, will have the answers when the "Conventionites" arrive in our city for the 1961 Annual A.D.A.A. Session. We'll be expecting you at Convention Headquarters, the Benjamin Franklin Hotel.

"WHOM DO WE SEE NOW?"—Look for the Quaker Maids, of course. They

will be waiting to greet you with open arms.

"WHAT DO WE DO NEXT?"—Your Quaker Maid will help you. She will have all the necessary information you will want during the Convention. Here is the opportunity to make new friends and renew old acquaintances. This committee will help you to make new friendships.

"WHEN"—the business and scientific meetings have concluded for the day you will want to turn to the sightseeing and entertaining part of your schedule.

"WHERE DO WE GO FROM HERE?"—That depends largely on your individual tastes. The Nation's greatest collection of historic buildings and shrines are to be found in Philadelphia. This is a city rich in tradition and heritage.

On the gayer side we have some lovely department stores, five large theatres and a museum of art. After dark, your diversissements include a variety of night and supper clubs with the finest foods.

This committee is prepared to tell you where to find these places and the means of transportation.

Please come and share these five days with us and look for information and greetings from The Quaker Maids.

ERNESTINE MAYER, *Chairman*

Information and Greeters Committee

Pennsylvania Dutch Party

There will be fressing (eating) and lots of take homes (favors), so bring your baskets yet.

Come early so we can chew our mouths empty and make the dishes away. We will sit ourselves awhile, then dancing and singing for the rest of the evening. Soooo bring your Mister to make round to the music with.

Saras admitted free, but Jakeys must pay \$4.00 still.

Don't youse forget now—Sunday October 15th—7 to 12 PM in the Garden Terrace, mit your plain country cotton dress on.

See youse then,

EVELYN B. BRETT, *Chairman*

Greetings From Jakey and Sarah



Ain't youse are all ready onct to come to Philadelphia in October not so? The slow ones better start packing or the meeting will be all. That Rose Donohue has chus been all year arranging fer youse. Ve sink youse all a goot time will haff. Our English is ferhoodled but not our arrangements. Our sweet Lois ve hope ve will make you proud of us onct on your special night. Come one come all and stay as long as youse like. It's a wonderful nice place. Ve will be watching and waiting fer all of youse. See youse soon. That means you too Texas hillbilly editor.

Some Tips to Help You Be a Better Delegate

Izetta B. Humphrey

As the elected representative of your District or State Society you have a responsibility to each member of your Organization.

BEFORE CONVENTION

1. Start your plans early to arrange for whatever home duties will need to be taken care of during your absence.
2. Acquaint yourself with the activities planned for your stay and make reservations.
3. Bring your membership cards and any identifications necessary for registering.
4. If you are a voting delegate be sure to come prepared and well informed as to the wishes of those you represent.
5. Plan to take comfortable clothes and shoes that are suitable to the climate. Keep in mind and prepare to take appropriate clothes for the social activities planned for you.
6. Dust off your friendly attitude, and be prepared to enjoy your surroundings.

WHILE ATTENDING CONVENTION

1. Attend all sessions. Be on time.
2. Be courteous and do not visit with your neighbor while the program is in session.
3. Take time to view and study the Clinics and also the Exhibits.
4. Get acquainted with the officers and

the other delegates.

5. Get your questions answered and learn all you possibly can while attending the meeting. Remember, the convention is planned to give you inspiration and information.

WHEN YOU RETURN HOME

1. Send a written report to each District Secretary or Local Society Secretary to be read at their next meeting on the business that was transacted during the Convention, and the main points brought out by the speakers in developing the Convention theme. You will reach more members by the written report being sent—we all enjoy current news!
2. Give a short report at your State Meeting after attending the National, or Local after returning from a State Meeting, whichever the case might be.
3. Share with your State and Local Officers, and Chairmen, the material given you in the convention packet and other materials you received.
4. Show your members what attending the Convention has meant to you—"Let Your Light So Shine"—they will want to attend the very next Convention and our Meetings will grow bigger and better every year.

Things You Should Know

Conference on Criteria for Evaluating of Functions of Auxiliary Personnel

Held June 28-30*

The Conference, which was supported by the W. K. Kellogg Foundation, was comprised of representatives from many segments of the profession. It included educators, examiners, practitioners, public health and federal service dentists. Dental assistants and dental hygienists attended the conference as observers.

One of a series of conclusions contained in a summary report of the Conference was that experimental studies on possible expansion of the roles of dental hygienists and assistants are essential to "enlarging the dental profession's capacity for service to the people of this country."

The Conference laid down a series of principles to guide conduct of "experimentation in the dental schools and the training agencies of the federal government . . ." Among these were the following: 1) Experimental projects should not be designed to produce any types of auxiliary which might be considered "second dentist level"; 2) Experimental projects should be regarded as research, separate from regular teaching programs. 3) The projects should be realistic in terms of potential application of findings to private practice; 4) Major responsibility for design and substance of the projects should rest with the individual schools or institutions, with the Council on Dental Education giving guidance.

Major areas of experimentation also outlined by the Conference members included the following: 1) Systematic evaluation of the potential of dental hygienists and assistants to perform routine procedures not requiring the dentist's knowledge and skill; 2) Length of time required to teach auxiliaries new duties; 3) Determination of best teaching techniques; 4) Cost of new training programs; 5) Evaluation of effect of new auxiliary duties on dentist's productivity; 6) Determination of necessary controls to prevent practices not in the public interest.

It was stated that the Conference report has no official status and does not represent formal policy of the sponsoring agencies. It will be considered further by the A.D.A. Council

on Dental Education in preparing its formal report for the House of Delegates' meeting at the 1961 Annual Session in Philadelphia.

Music, Stories will

Glamorize Dentist's Drill

The grinding noise of the dentist's drill will be softened for youngsters undergoing treatment at the pedodontic clinics of the University of Tennessee College of Dentistry.

For some time, all patients of the clinics have been soothed with light music piped from a commercial source.

Now, a new program, geared to the youngsters' level, has been inaugurated by Dr. Shailer Peterson, dean of the college. They will have music and stories programmed especially for their age group.

While there will be no "commercials," the programs will be interrupted for announcements in the form of dental health slogans and dental care warnings.

As an example, the dean cited the old admonition, "brush your teeth after every meal." The programs will be recorded on tape by dental hygiene students and dentists in the pedodontic clinics.

Light music will continue to be played for adults.

* From a Memphis newspaper.

Editor's note:

Dr. Peterson is well known to many A.D.A.A. members. Before assuming the position as Dean of the University of Tennessee College of Dentistry on June 1, Dr. Peterson had held the position of Secretary of the Council on Dental Education of the American Dental Association since 1948. In 1960 he was also appointed Assistant Secretary for Educational Affairs of the A.D.A. In the past several years he has worked very closely with the Committee on Education and Certifying Board of the A.D.A.A. in programs to gain recognition and approval of the profession for educational and Certification Programs for dental assistants. In behalf of all our members, we express gratitude to Dr. Peterson for his assistance in this effort and wish him much success in his new position.

* From A.D.A. Newsletter; Vol. 14, No. 15, August 15, 1961.

Recruitment Materials

Available*

A program to interest high school graduates in a career of dental assistance is being launched by the U. S. Public Health Service and the American Dental Assistants Association with release of the film, "The Dental Assistant—A Career of Service."

The film shows career opportunities in this rapidly growing field, highlights the varied duties dental assistants perform, and points out the training facilities now available at schools and colleges.

The 13½ minute color film, produced by the Public Health Service, is intended for use by high school guidance counselors, dental societies, and health departments. It may be obtained from State health departments, some State University Film Libraries, and the Communicable Disease Center of the U. S. Public Health Service in Atlanta, Georgia.

Other Public Health Service materials for use in calling the attention of young women to career opportunities in dental assisting include a leaflet, "Something New In White" and a booklet, "The Trained Dental Assistant—A Guide for Counselors." These may be obtained from State health departments after September 1.

** From a release by U. S. Department of Health, Education and Welfare, Public Health Service, Washington, 25, D. C.*

Useful Booklet Available

A booklet, "How To Collect More Past-Due Accounts," was published recently by the United States Collection Association, Inc.

It outlines an analysis emphasizing the importance of retaining the good will of "debtors" while using extremely strong appeals for payment of past-due accounts. It also offers suggestion for action to secure payment of these accounts.

This booklet, which should be useful to assistants in their duties pertaining to Office Management, can be obtained by writing to the United States Collection Association, Inc., 4407 Ravenswood Avenue, Chicago 40, Illinois for a copy.

Do You Have a Hotel

Reservation in Philly?

A news item in a recent issue of A.D.A. Newsletter states that housing reservations for the meeting in Philadelphia in October are running 11 per cent ahead of last year's session at Los Angeles, which was attended by 17,129. If you have not yet made your reservation, you should do so without delay.

From the Editor's Mail Box . . .

Editor's Note:

The following is taken from a letter received by the Editor from a new dental assistant. This appeal for help is so typical of the many letters received regularly by A.D.A.A. Officials. It is being published to give support to programs designed for the establishment of more accredited educational programs for dental assistants.

"Dear Editor:

Three months ago Dr. Blank hired me as his dental assistant. Believe me—I never knew I would enjoy a job so much. I want to learn much more and be a better assistant, but the Doctor just doesn't have the time to give me.

This is why I am writing you—how can I get copies of the Journal, "The Dental Assistant"? Are there any other magazines available that I could subscribe to?

Also, do you know of any schools that would have correspondence courses in dental assisting? I have inquired about one, but would much rather have an approval from you if you know of any accredited schools that would have a dental assistant correspondence course.

Thanking you so much."

Results of May 1961 Certification Examination

- 834 applications were requested
- 534 applications were received and in order
- 507 took the examination
- 27 did not take the examination
- 447 passed
- 60 failed
- 435 became certified
- 12 passed the exam but their certificates are being withheld until they meet employment requirements

Speaking for
the A. D. A. A.



LOIS KRYGER

From Our President...

"THE OMELET AND I"

Serving an omelet involves something other than cracking the eggs! Building such a delicacy requires some real talent that calls for a good recipe, continual practice and quality ingredients. In short, it takes some real doing after the eggs have been cracked!

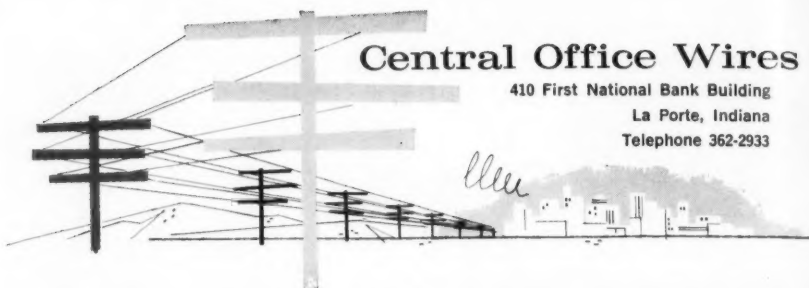
Making an omelet might well be likened to reaching our objective as an organization. Our Bylaws state in Article II, "The object of this Association shall be to promote the education of the dental assistant, to improve and sustain the vocation of dental assisting, and to contribute to the advancement of the dental profession and the improvement of public health." In a sense, the egg was first cracked when this organization began. Further indication has been more recent, when the American Dental Association established educational requirements for dental assistants and approved our Certifying program. Recognition as an essential component of the dental profession does not mean that we are to presume that our objective has been reached. On the contrary, we assume an even greater responsibility to the profession, and we are obliged to pattern our performance along the same high degree of excellence.

We have an excellent recipe in our Object, stated above. Unfortunately, however, every dental assistant does not know the recipe, either because she is not a member, or there is a lack of interest. *All* dental assistants must recognize the importance of contributing to the advancement of dentistry, and this can best be accomplished through organized dental assisting where opportunities for continual learning are available.

The quality ingredients of our recipe are the development and coordination of the Association's programs. These are the ingredients that compliment our recipe in that quantity is a major factor in the final analysis, too. Membership can best be attracted by quality ingredients and services that make membership desirable and practical. This then, increases the number of dental assistants who are members of the American Dental Assistants Association, and an increase cannot be achieved without top level programming and coordination of Association activities.

Building an omelet requires a certain amount of courage, and the spectator who fails to recognize that courage is associated with progress will never be one of the "doers" so necessary in our world today. Let us not be afraid to move in a forward direction that is so necessary for the achievement of our objectives, and the challenges that face us not for just today, but for the world of tomorrow.

Now that the eggs have been cracked, let us get on with whipping up this omelet! We have the recipe. It needs wider distribution, and constant improvement of the ingredients. We can have an omelet that is high and light, or we can come up with one that is thin and heavy with burdens. It all depends upon what occurs after the eggs have been cracked!



Many packets have been directed to component presidents and constituent presidents and secretaries in the past two months. This material has been prepared in the interest of all members as well as the officers.

If you are looking for "outstanding" ideas for educational meetings and thereby increasing your membership, we suggest the brochures **THE INVERTED TRIANGLE** and **IMPROVED PROGRAMS ALLAY DISCONTENT** be carefully studied. Although the actual suggestion you are seeking may not be included, it may stimulate your thinking.

Should additional copies of the Manual of Procedures be desired for the rest of your officers, please send the following amount, per copy, with the request: Manual for Component Societies—25¢; Manual for Constituent Societies—50¢.

We call your attention to the instructions that accompanied the 1962 Remittance Forms (B) and the Statement for Dues (Form A). Please note Form A **FOR NEW MEMBERS ONLY** are to be sent to Central Office with the Form B. We do not need Form A for Renewed Members.

Your State Secretary has received the Credential Cards for the Delegates and Alternates to the Annual Session in Philadelphia. If you have not already received these, please be alerted for their arrival in the mail. **REMEMBER** to take both the Credential Card and your 1961 Membership Card with you to Philadelphia. They are a **MUST** when you register. Any changes in Delegates or Alternates made after September 15 must be made at time of registration.

The film "**THE DENTAL ASSISTANT—A CAREER OF SERVICE**", produced by the United States Public Health Service, with pertinent printed matter, is due to be released in the near future. See announcement and information on securing a copy elsewhere in this issue.

Your prompt attention and cooperation with Central Office in furnishing the requested information is sincerely appreciated. It is through your cooperation that we may be of service to you. Without it, we fail.

ELMA TROUTMAN,
Executive Secretary

Announcement

The Board of Trustees, with regret, accepted the resignation of our Executive Secretary, Mrs. Elma Troutman to be effective August 31, 1961.

This resignation was tendered so that Elma could accept a post in San Francisco, on or before September 11, 1961.

Success and happiness are wished for Elma and a big "Thank You" for her untiring efforts on behalf of the Association.

The Business Manager of Central Office,

Mrs. Dorothy Kowalczyk, will assume the responsibility of the duties of Central Office until such time as the Board of Trustees take action on filling the position of Executive Secretary. Please direct all mail for Central Office to:

American Dental Assistants Association
410 First National Bank Building
La Porte, Indiana

Alice Eder, Secretary

A. D. A. A. Guidepost . . .



An Ending and a Beginning

Lucille H. McIntyre*

The past eight months have been busy ones for the Membership Committee as it has put forth an intense effort to inspire, encourage and urge all A.D.A.A. members to participate in a national effort to increase membership in dental assistant organizations at all levels.

Now that the July 31 deadline date of the contest has passed, we are reviewing and evaluating the program. We find we have gained a good number of new members and succeeded in retaining a number of those who were already enrolled when the drive began, and we believe that the effort was well worthwhile.

Nevertheless, we cannot resist reminding all A.D.A.A. members of the importance of continuing our efforts even though the contest for this year has ended. We must consider the success of this drive as only the beginning of a perpetual increase in membership. When considering the large number of dental assistants who are not yet enrolled as members, we must admit that we have just barely scratched the surface. There is yet much to be done and our membership should far exceed that of the number enrolled at this time.

Undoubtedly the new members we have gained in this drive will serve to add new life and spark to the local societies, which are the foundation of our A.D.A.A. We urge the officers of the local societies to give each new member an opportunity to express herself and become an active member. Throw a challenge at the new member by giving her a job to do and see how she will rise to the occasion. An

active member is an asset—a passive one is often a liability. Don't ever underestimate the ability or value of a new member—just because she is "new." Perhaps new blood, new ideas and thinking is just what your society needs to make it a more progressive and alert one!

Don't overlook the fact that the best way to retain members is through presenting good programs. We must present educational and informative programs if we expect the members to continue their interest in dental assisting and for dental assistant organizations. This is a job that must be done by the leaders of the various groups—the national association can offer assistance through suggestions and guidance, but *you* must do the job and we believe you *can* and *will* accept the challenge this task presents!

While the members of the 1960-61 Membership Committee have given unstintingly of their time to make this drive a success, we realize that a number of individual members and groups have also contributed many hours of their spare time to it, and to them the committee is grateful. To the members who "just didn't get around to doing anything about it," we challenge you to pick up the ball now and continue the progress that has been started toward the ultimate goal of a greatly increased membership in the year ahead. We believe you will also accept this challenge!

What about the winners of the contest?

We know you can hardly wait to hear who they are . . . we are excited too! But we are not at liberty to give this

Continued Page 26

* *Chairman, Membership Committee.*

Nominees for ADAA Elective Officers

For the Office of **PRESIDENT-ELECT**—**RUTH ASP**. Nominated by Minnesota Dental Assistants Association. **QUALIFICATIONS**: A Dental Assistant 17 years. A.D.A.A. Member 13 years. Active Member. Certified. Member of Minnesota Dental Assistants Association and Minneapolis District Dental Assistants Society. Offices held in A.D.A.A.: Seventh District Trustee, 2nd and 1st Vice President. Chairman of A.D.A.A. Standing Committees: Clinics & Exhibits—4 years, Nominating, Program Coordination, Publications. Has not served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: Vice-President, President. Offices held in Local: Secretary. Other pertinent information: Is currently serving as Chairman of the A.D.A.A. Special Committee, Long Range Planning, has served as Convention Resolutions Committee Chairman for A.D.A.A. and has served on almost every committee in the Local and State.

For the Office of **FIRST VICE-PRESIDENT**—**ALBERTA REED**. Nominated by Stark County Dental Assistants Society and Ohio Dental Assistants Association. **QUALIFICATIONS**: A Dental Assistant 15 years. A.D.A.A. Member 15 years. Active Member. Certified. Member of Ohio Dental Assistants Association and Stark County Dental Assistants Society. Offices held in A.D.A.A. 2nd and 3rd Vice-President. Chairman of A.D.A.A. Standing Committees: By-laws, Program Coordination, Juliette A. Southard Scholarship. Has not served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: Secretary, 2nd Vice-President, President-elect, President. Offices held in Local: Treasurer, President-elect, President. Other pertinent information: Served on the A.D.A.A. Journal Staff for 5 years. For the Office of **SECOND VICE-PRES-**

IDENT—**BARBARA BLOMQUIST**. Nominated by Massachusetts Dental Assistants Association, Connecticut Dental Assistants Association and Georgia Dental Assistants Association. **QUALIFICATIONS**: A Dental Assistant 13 years. A.D.A.A. Member 11 years. Active Member. Certified. Member of Massachusetts Dental Assistants Association and Metropolitan Dental Assistants Society. Offices held in A.D.A.A.: First District Trustee. Chairman of A.D.A.A. Standing Committees: Insurance. Has not served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: President-elect, President. Offices held in Local: President-elect, President. Other pertinent information: Has served as Chairman of most Local and State committees.

For the Office of **SECOND VICE-PRESIDENT**—**VIRGINIA CARPENTER**. Nominated by Tennessee Dental Assistants Association. **QUALIFICATIONS**: A Dental Assistant 26 years. A.D.A.A. Member 22 years. Active Member. Certified. Member of Tennessee Dental Assistants Association and Memphis Dental Assistants Society. Offices held in A.D.A.A.: First Vice-President (by appointment to fill unexpired term). Third Vice-President. Chairman of A.D.A.A. Standing Committees: Membership, Juliette A. Southard Scholarship. HAS served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: President, President-elect, 2nd and 3rd Vice-President, President of previous State Association, Mississippi, 3 terms. Offices held in Local: President, Vice-President. Other pertinent information: Has served 4 years on the Certifying Board of the A.D.A.A.; served as Consultant to Certifying Board; Chairman of A.D.A.A. Special Committee on Awards; served as a Member of A.D.A.A. Membership,

Education and Public Relations Committee; served on all local and state committees; and is an Honorary Member of Mississippi Dental Assistants Association.

For the Office of **THIRD VICE-PRESIDENT**—**ANNA CAREY**. Nominated by Pennsylvania Dental Assistants Association. **QUALIFICATIONS:** A Dental Assistant 31 years. A.D.A.A. Member 20 years. Active Member. Certified. Member of Ohio Dental Assistants Association and Northwestern Dental Assistants Society. Offices held in A.D.A.A.: Third District Trustee. Chairman of A.D.A.A. Standing Committees: Public Relations—3 years. Has not served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: Vice-President, President, Secretary—2 terms. Offices held in Local: All offices. Other pertinent information: Has served 4 years on the Certifying Board of the A.D.A.A., 3 years as Secretary-Treasurer of Certifying Board, and served as chairman of A.D.A.A. Convention Entertainment Committee.

For the Office of **THIRD VICE-PRESIDENT**—**EDNA ZEDAKER**. Nominated by North Carolina Dental Assistants Association. **QUALIFICATIONS:** A Dental Assistant 17 years. A.D.A.A. Member 11 years. Active Member. Certified. Member of North Carolina Dental Assistants Association and Charlotte Dental Assistants Society. Offices held in A.D.A.A.: none. Chairman of A.D.A.A. Standing Committees: none. HAS served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: Vice President, Secretary, President. Offices held in Local: All offices. Other pertinent information: Has served as a District Chairman of A.D.A.A. Pin Committee, several terms as State Education Chairman, served on Local Education Committee, assisted with four Extension Study Courses, State Parliamentarian—3 years.

For the Office of **SECRETARY**—**ALICE EDER**. Nominated by New Jersey Dental Assistants Association. **QUALIFICATIONS:** A Dental Assistant 28 years.

A.D.A.A. Member 26 years. Active and Life Member of A.D.A.A. Certified. Member of New Jersey Dental Assistants Association and Southern Dental Assistants Society. Offices held in A.D.A.A.: Second District Trustee, Secretary. Chairman of A.D.A.A. Standing Committees: none. Has not served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: All offices except Treasurer. Offices held in Local: All offices. No other pertinent information listed.

For the Office of **TREASURER**—**HARRIETT DARLING**. Nominated by South Dakota Dental Assistants Association. **QUALIFICATIONS:** A Dental Assistant 30 years. A.D.A.A. Member 21 years. Active Member. Certified. Member of South Dakota Dental Assistants Association. Offices held in A.D.A.A.: Seventh District Trustee, General Secretary, Vice-President, Treasurer and currently serving as Treasurer. Chairman of A.D.A.A. Standing Committees: Public Relations. Has not served as Chairman of the Certifying Board of the A.D.A.A. Offices held in State: President—1 year, Secretary-Treasurer—3 years. Offices held in Local: President, Secretary. No other pertinent information listed.

Proposed Candidates for Trustee

First District: Irene S. Jarvis—Dental Assistant 10 years. Member of the A.D.A.A. 10 years. Certified. Member of the New Hampshire Dental Assistants Association. (No local society in State). Offices held in State: Secretary, Vice-President and President. Chairman of State Committees: Education & Clinics, Membership, Constitution and Bylaws, Nominating, Program, Examining, Pin, Publicity, Hospitality and Ways and Means. Member of A.D.A.A. Committees: District Pin Chairman, Awards in 1954, Election for 1958 and 1959. Number of A.D.A.A. Meetings attended: 4.

First District: Mary Faith Manyak—Dental Assistant 16 years. Member of the A.D.A.A. 16 years. Certified. Member of Massachusetts Dental Assistants Association and Worcester District Dental Assistants Society. Offices held in local: Secretary, 2nd Vice-President, 1st Vice-President and President. Served as Chairman of all local committees. Offices held in State: Treasurer, 2nd Vice-President, 1st Vice-President, President, Parliamentarian, President of the Past President's Council. Chairman of State Committees: Education, Examining, By-laws, Program (2 years), Finance (5 years), Clinics, Essays & Posters, Membership, Publicity and Nominating. Member of A.D.A.A. Committees: J.A.S. Relief Trust, Program Coordination. Contributing Editor to "the dental assistant" Journal for three years. Number of A.D.A.A. Meetings attended: 10.

Third District: Ruth Platt—Dental Assistant 7 years. Member of A.D.A.A. 7 years. Certified. Member of District of Columbia Dental Assistants Society. Offices held in local and State: President, President-Elect, Recording Secretary, Treasurer. Chairman of local and State Committees: Program and Clinic, Publicity and Membership. Number of A.D.A.A. Meetings attended: 2.

Third District: Retta Amatucci—Dental Assistant 39 years. Member of A.D.A.A. 30 years. Member of Pennsylvania Dental Assistants Association and Philadelphia Dental Assistants Society. Not Certified. Offices held in local: Treasurer, Vice-President, President, Chairman of Governing Board. Chairman of local Committees: Classes and Clinics, Program, Welfare and Banquet. Offices held in State: President-Elect and President. Chairman of State Committees: Liaison, Bylaws, Welfare and Manual. Served on A.D.A.A. Judicial and Constitution and Bylaws Committee. Completed six months of unexpired term of Third District Trustee, Ann Wildman. Number of A.D.A.A. Meetings attended: 6.

Fifth District: No proposed candidate.

Sixth District: Maurine Wheeler—Dental Assistant 21 years. Member of A.D.A.A.

8 years. Certified. Offices held in local: Treasurer, Vice-President and President. Served as Chairman of all local committees. Offices held in State: 2nd Vice-President, 1st Vice President and President. Chairman of State Committees: Clinics and Publicity and Program. Serving on Membership Committee of the A.D.A.A. for this District. Number of A.D.A.A. Meetings attended: 6.

Sixth District: Margaret Crosby—Dental Assistant 26 years. Member of the A.D.A.A. 15 years Certified. Member of Illinois Dental Assistants Association and Chicago Dental Assistants Society. Offices held in local: 3rd, 2nd and 1st Vice President, Secretary, Treasurer, and President. Served as Chairman of all local committees. Offices held in the State: 3rd, 2nd, 1st Vice-President and President. Chairman of the following State Committees: Clinics, Program, Entertainment, Judicial and Nominating. Member of the A.D.A.A. Clinic Committee. Number of A.D.A.A. Meetings attended: 6.

An Ending and a Beginning— Continued

information at this time as the names of the 1st, 2nd and 3rd Place prize winners will be announced at the 37th Annual A.D.A.A. Session in Philadelphia in October and in the Special Convention Issue of the Journal. The November issue of the Journal will contain a complete report on the number of new members enrolled during the 1960-61 Membership Drive. Watch both issues for the big news!

The Committee gratefully acknowledges the support of the Johnson and Johnson Company in sponsoring this drive through contributing the three attractive prizes. A special "thank-you" goes to Mr. Arno Hoffman, of this company, and members of his staff for the work they did in preparing the excellent publicity releases and posters, which were printed and distributed courtesy of the Johnson and Johnson Company in an effort to give impetus to this national membership drive of the A.D.A.A.

Recommended Reading

compiled by the
A.D.A.A. Committee on Education

The Committee on Education desires to help the dental assistant increase her knowledge and abilities in the performance of her duties. Therefore, the Committee recommends that the assistant make a choice from the following in the areas in which she is most interested. The study of such material will indicate interest in continuing her education. In addition, it will benefit the Certified Dental Assistant in obtaining her yearly renewal.

Title	Author	Publisher
A DICTIONARY OF DENTAL SCIENCE, VOLS. I & II, L. Pierce Anthony, D.D.S.—	Lea & Febiger	
A REVIEW OF NURSING, Helen F. Hansen, R.N., M.A.		
A TEXTBOOK FOR DENTAL ASSISTANTS, Irwin Robert Levy—	Lea & Febiger	
A TEXTBOOK OF ANATOMY & PHYSIOLOGY, Diana C. Kimber, Carolyn E. Gray, A.M., R.N., Caroline E. Stackpole, A.M.—	McMillan Co.	
A TEXTBOOK OF PATHOLOGY, William Boyd—	Lea & Febiger	
ACCEPTED DENTAL REMEDIES, A.D.A.—	A.D.A.	
ACTION & USES OF DRUGS—TEXTBOOK FOR NURSES, Windsor C. Cutting		
AIDS TO DENTAL ANATOMY & PHYSIOLOGY, Arthur S. Underwood, M.R.C.S., L.D.S.—	Wm. Wood & Co.	
ANTISEPTICS, DISINFECTANTS, FUNGICIDES & STERILIZATION, G. F. Reddish—	Lea & Febiger	
APPLIED SECRETARIAL PRACTICE, Greg, Fries, Rowe & Travis—	McGraw-Hill	
ATLAS OF THE MOUTH, Masseler & Schour—	A.D.A.	
BACTERIOLOGY IN A NUTSHELL, Mary E. Reid, R.N.		
BLACKISTON'S ILLUSTRATED POCKET MEDICAL DICTIONARY—	McGraw-Hill	
BLACK'S DENTAL ANATOMY, G. V. Black		
CLINICAL DENTAL HYGIENE, Shailer Peterson—	C. V. Mosby	
CLINICAL DENTAL ROENTGENOLOGY, J. O. McCall & S. S. Wald—	Saunders Pub. Co.	
COLOR ATLAS OF ORAL PATHOLOGY, U. S. Navy—	J. B. Lippincott	
COMPARABLE NOMENCLATURE FOR DENTISTRY		
DENTAL ANATOMY, R. C. Zeisz & J. Nuckolls—	C. V. Mosby	
DENTAL AUXILIARY PERSONNEL, R. K. Stinaff—	C. V. Mosby	
DENTAL ECONOMICS, Harry J. Bosworth—	Bosworth Econ. Inst.	
DENTAL HEALTH EDUCATION, Frances A. Stoll, R.D.H.—	Lea & Febiger	
DENTAL HISTOLOGY & EMBRYOLOGY, C. F. Boedecke, D.D.S.—	McMillan Co.	
DENTAL PRACTICE ADMINISTRATION, R. K. Stinaff—	C. V. Mosby	
DENTAL ROENTGENOLOGY, Leroy M. Ennis—	Lea & Febiger	
DENTAL SCIENCE LAB. GUIDE, H. J. Benson & K. R. Kipp—	Wm. C. Brown Co.	
DENTAL TECHNICIANS MANUAL, Dept. of the Army—	U.S. Govt. Printing Off.	
DETOXIFICATION, Merrell Co.—	Wm. S. Merrell Co.	
EAT WELL & STAY WELL, Ansell Keys—	Doubleday	
EFFECTIVE DENTAL ASSISTING, L. H. Schwarrock, D.D.C., S. P. Schwarrock, M.S., B.D.—	Wm. C. Brown Co.	
EFFICIENT DENTAL ASSISTANT, Ethel Covington—	C. V. Mosby	
ESSENTIALS OF ORAL SURGERY, Robert H. Ivy, D.D.S., C. V. Mosby		
ETHICS FOR MODERN NURSES, Millard S. Everett, Ph.D.—	Saunders Pub. Co.	
FIRST AID, LOCAL & GENERAL ANESTHESIA, H. M. Seldin		
FIRST AID TEXTBOOK, Amer. Nat'l Red Cross—	The Blakiston Co.	
GOULD'S MEDICAL DICTIONARY		
HANDBOOK FOR GENERAL DENTAL TECHNICIAN, U.S. Naval Dental School—	U.S. Govt. Printing Off.	
HOW TO WRITE BETTER BUSINESS LETTERS, L. E. Frailey, B.A.—	American Tech. Soc.	
ILLUSTRATED HANDBOOK OF SIMPLE NURSING, Wava McCullough, Marjory Moffitt, R.N.—	Whitless House	
IN THE DENTIST'S OFFICE, G. Archanna Morrison—	J. B. Lippincott	
IN THE DOCTOR'S OFFICE, Esther Jane Parsons—	J. B. Lippincott	
INTERPRETATION OF DENTAL RADIOGRAPHS, A. L. Greenfield, D.D.S.—	Ritter Dental Co.	
INTERVIEWING, COUNSELING & MANAGING DENTAL PATIENTS, S. Joseph Bregstein—	Prentice-Hall	
IODINE THERAPY, Dr. Hermann Prinz—	Iodine Educa. Bureau	
KNOW YOUR TEETH, W. N. Gallagher—	Exposition Press	
KRONFELD'S HISTOLOGY OF THE TEETH & THEIR SURROUNDING TISSUES, P. E. Boyle—	Lea & Febiger	
LOCAL ANESTHESIA IN DENTISTRY, Drs. Guide, Fischer & R. D. Riethmuller—	Lea & Febiger	
MOUTH HYGIENE, Alfred C. Fones, D.D.S.—	Lea & Febiger	
MY ENGLISH BOOK III, Wm. Tanner & Frank Platt—	Ginn & Co.	
NEW & NON-OFFICIAL DRUGS, American Medical Assoc.—	J. B. Lippincott	
NEW HIGHWAYS IN COLLEGE, Homer Andrew Watt—	Prentice-Hall	
NORMAL DIET, W. D. Sansum		
NOYES' ORAL HISTOLOGY & EMBRYOLOGY, Isaac Schour, B.S., D.D.S.—	Lea & Febiger	
OFFICE MANUAL FOR THE MEDICAL SECRETARY, Agnes Erickson, M. Herbert Freeman, Ph.D.—	The Greg Pub. Co.	
OPEN DOOR TO HEALTH, Fred Miller, D.D.S.		
ORAL EMBRYOLOGY & MICROSCOPIC ANATOMY, Dorothy Permar—	Lea & Febiger	
ORAL HISTOLOGY & EMBRYOLOGY, Balint J. Orban		
ORAL HYGIENE, R. W. Bunting—	Lea & Febiger	
ORAL PATHOLOGY, Kurt Thoma, D.M.D.		
ORAL ROENTGENOLOGY, Kurt Thoma, D.M.D.—	Lea & Febiger	
ORTHODONTICS, PRACTICE & TECHNIQS, J. A. Salzman		
ORTHODONTICS, PRINCIPLES & PREVENTION, J. A. Salzman		
PERSONAL HYGIENE, Maurice LeBouquet—	Amer. School of Home Economics	
PHARMACOPEIA OF AMERICA—	Mack Pub. Co.	

- PHARMACOLOGY, MATERIA MEDICA & THERAPEUTICS, Charles Solomon, M.D.—J. B. Lippincott
 PRACTICAL ORTHODONTICS, Anderson
 PRACTICE ADMINISTRATION FOR THE DENTIST, M. A. Mann—C. V. Mosby
 PRACTICE DENTAL ANATOMY & TOOTH CARVING, Jacob R. Schwartz—
Dental Items of Interest Pub. Co.
 PRINCIPLES & PRACTICE OF BACTERIOLOGY, Drs. Arthur &
 Charles Bryan—Barnes & Noble Co.
 PRINCIPLES OF ORTHODONTICS, J. A. Salzman
 RESTORATIVE DENTAL MATERIALS, Floyd A. Peyton—C. V. Mosby
 REVIEW OF DENTISTRY, Ginn—C. V. Mosby
 SCIENCE OF DENTAL MATERIALS, Skinner & Phillips—Saunders Pub. Co.
 SPECIFICATIONS FOR DENTAL MATERIALS, A.D.A.—A.D.A.
 SURGICAL NURSING, Felter, West & Zetsche—F. A. Davis Co.
 TABER'S ENCYCLOPEDIA MEDICAL DICTIONARY,
 Clarence W. Taber—F. W. Davis Co.
 TEETH, HEALTH & APPEARANCE, A.D.A.—A.D.A.
 THE BUSINESS CONDUCT OF AN ETHICAL PRACTICE, S. J. Bregstein, D.D.S.
 —*Dental Items of Interest Pub. Co.*
 THE DENTAL ASSISTANT, Brauer & Richardson—McGraw-Hill
 THE DENTAL ASSISTANT, Emma J. McCaw, R.N.—C. V. Mosby
 THE DENTAL BUSINESS OFFICE, C. Rutledge & E. Wilson—Lea & Febiger
 THE DENTIST DIPLOMAT, Ritter Dental Co.—Ritter Dental Co.
 THE MANAGEMENT OF ORAL DISEASE, J. L. Bernier, D.D.S.—Army Inst. of Pathology
 THE MANUALS OF BUSINESS MANAGEMENT—VOL. IX, Eric A. Kohler, M.S., C.P.A.—
 A. W. Shaw Co.
 THE NATIONAL FORMULARY—J. B. Lippincott
 THE OFFICE ASSISTANT, P. Frederick & C. Towner—Saunders Co.
 THE STORY OF DENTISTRY, M. D. K. Bremner—*Dental Items of Interest Pub. Co.*
 THE SUCCESSFUL PRACTICE OF DENTISTRY, S. I. Bregstein, D.D.S.—Prentice-Hall
 THE VOCABULARY OF DENTISTRY & ORAL SCIENCE, G. B. Denton, Ph.D.—A.D.A.
 THE WINSTON SIMPLIFIED DICTIONARY, Drs. Lewis, Seidel & Brown—John C. Winston Co.
 TEXTBOOK OF BACTERIOLOGY, T. B. Rice
 TEXTBOOK OF DENTAL ANATOMY & PHYSIOLOGY, C. P. Wheeler—Saunders Pub. Co.
 TEXTBOOK OF HEALTHFUL LIVING, Diehl—McGraw-Hill
 TEXTBOOK OF MATERIA MEDICA, A. S. Baumgarten, M.D.—McMillan Co.
 TEXTBOOK OF PHARMACOLOGY & THERAPEUTICS, H. N. Wright, M.S., Ph.D., Mildred Montag,
 Ed.D., R.N.—Saunders Pub. Co.
 X-RAYS IN DENTISTRY, Eastman Kodak Co.—Eastman Kodak Co.
 OTHER SOURCES OF INFORMATION
 American Council on Education, Wash., D.C.—DENTISTRY IN THE U.S. (Summary report of the
 Commission on the Survey of Dentistry in the U.S.)
 American Medical Association—"TODAY'S HEALTH"
 CATALOG OF THE AMERICAN DENTAL ASSOC., 222 E. Superior St., Chicago 11, Ill. (Phamphlets,
 professional aids, special publications & audiovisual materials may be ordered from this source)
 DENTAL DIGEST—E. I. Ryan, Ed.—Robert Ketterer, Pub.
 DENTAL MANAGEMENT—M. J. Goldberg, Ed.—Professional Pub. Co.
 DENTAL SURVEY—Edwin L. Pearson, Ed.—Dental Survey Pub. Inc.
 Eastman Kodak Co.—"DENTAL RADIOGRAPHY & PHOTOGRAPHY" by A. P. S. Sweet
 General Electric Co.—PRINCIPLES OF DENTAL X-RAY GENERATION"
 JOURNALS OF: American Dental Assistants Association, American Dental Association, State and Local
 National Bureau of Engraving, Wash., D.C.—"INCOME TAX PROBLEMS"
 ORAL HYGIENE—Edward J. Ryan, Ed.—R. C. Ketterer, Pub.
 The American Cancer Soc.—"CANCER, A HANDBOOK FOR DENTISTS", "THE CHALLENGE OF
 ORAL CANCER"
 TODAY'S SECRETARY (formerly The Gregg Writer) 330 W. 42nd St., New York 36, N.Y.
 U.S. Dept. of Agriculture, Wash., D.C.—FOODS FOR PHYSICAL FITNESS
 U.S. Dept. of Health, Education & Welfare, Supt. of Documents, U.S. Printing Office, Wash. 25, D.C.—
 YOUR CHILD FROM 1 TO 6, Pub. 30; YOUR CHILD FROM 6 TO 12, Pub. 324; THE ADOLESCENT IN
 YOUR FAMILY, Pub. 347; THE CHILD WHO IS MENTALLY RETARDED, Folder 43; THE CHILD WITH
 CLEFT PALATE, Folder 37.
 This list will be subject to changes and additions from time to time.
 Ruth D. Giblin, Chr.
 ADA Com. on Educa.

IN MEMORIAM

The Twenty-first Annual Sessions of the Southern California Dental Assistants Association were saddened by the sudden death of Viola Stone, Life Member of the American Dental Assistants Association; Charter Member of the Fourth District, Southern California Dental Assistants Association and a Hostess for the Installation Luncheon for this session.

While absent in person, the spirit of Viola was present and shall ever be a part of the organization. In loving memory of one who devoted so much time and loyalty to the profession and our Association, we express our heartfelt gratitude for a job more than well done. Our loss is her gain—to rest in peace in the House of the Lord.

Alice Eder, Secretary

1961 ADA Convention Committees

GENERAL ARRANGEMENTS

Rose K. Donohue, Chairman, 1436 Magee Ave.
Philadelphia 11, Pa.

Jane Wright, Co-Chairman, RD#3 Miller Drive,
Fayetteville, Pa.

PROGRAM

Corinne Dubuc, Pres.-Elect., Chairman, 156
Broadway, Pawtucket, Rhode Island

Ernestine S. Mayer, Co-Chairman, 329 South
42nd St., Philadelphia 4, Pa.

CREDENTIALS

Anna Carey, 3rd District Trustee, Chairman, 1331
West Market St., Lima, Ohio

Jean Snyder, Co-Chairman, 800 Moffett Lane,
York, Pa.

Audrey Musser, Co-Chairman, 11 Maple Road,
York, Pa.

INFORMATION AND GREETERS

Ernestine S. Mayer, Chairman, 329 South 42nd
St., Philadelphia 4, Pa.

Florence Werkheiser, Co-Chairman, 5 Lehns Court,
Easton, Pa.

BANQUET

Rosena Hildebrand, Chairman, 1127 West King
St., York, Pa.

Marilyn Deller, Co-Chairman, 465 Hillcrest Road,
York, Pa.

ENTERTAINMENT

Beverly Rhodes, 108 Elmwood Blvd., York, Pa.

PENNSYLVANIA DUTCH FAIR

Evelyn Brett, Chairman, 401 Butler St., Pittsburgh
23, Pa.

Alicia B. King, Co-Chairman, 166 Carlton House,
550 Grant St., Pittsburgh, Pa.

Elma Willis, Co-Chairman, 166 E. Market St. c/o
Dr. Laughrey, Akron, Ohio

PUBLICITY

Myra Petrie, Chairman, 418 Centennial Ave.,
Sewickley, Pa.

Gerry Abelson, Co-Chairman, 300 Camac St.,
Philadelphia 7, Pa.

PROPERTIES

Jane Matthews, Chairman, 214 State St., Har-
risburg, Pa.

Carlene Sallinger, Co-Chairman, 120 Lincoln St.,
Steelton, Pa.

CLINICS AND EXHIBITS

Sally Cochran, Chairman, 800 Commerce Bldg.,
Erie, Pa.

Marion Israelson, Co-Chairman, 220 Union Sta-
tion Bldg., Erie, Pa.

PAGES

Mildred Frederick, Chairman, 245 North Tenth St.,
Reading, Pa.

Margie Baerncopf, Co-Chairman, Route #1,
Robesonia, Pa.

Ruth S. Hanna, Secretary-Treasurer, 102 West
Nedro Ave., Philadelphia 20, Pa.

1961 Mid-Continent Dental Congress

Dental Assistants Program

Chase Hotel — St. Louis, Missouri — October 29, 30, 31, November 1.

Sunday: Four Hour Course — "Stress Time and Motion Studies as Applied to
Everyday Dental Practice"

John Anderson, D.D.S., Chicago, Illinois

Evening — Get Acquainted Dance

Monday: "Periodontia and The Dental Assistant"

Lloyd J. Phillips, D.D.S., Indianapolis, Indiana

"How To Mix Silicate Cements"

George C. Paffenbarger, D.D.S., Senior Research Associate of the
American Dental Association at the National Bureau of Standards.

Evening — Table Clinics

Tuesday: To be announced later.

Dental Assistants Luncheon.

Wednesday: "Human Relations in the Dental Office"

Stanleigh B. McDonald, B.S., Indianapolis, Indiana

St. Louis Dental Assistants Society

Instructions For Ordering ADAA Emblem Pins, Guards, and Certification Wreaths

All ADAA emblem pins, guards and Certification Wreaths must be ordered through the State Secretaries, who verify membership (and eligibility to wear the pin).

Order blanks may be obtained from the jeweler. It is a good idea for the local society secretaries or pin chairmen to obtain a supply of these order blanks for the use of their society members.

Fill out your order — attach your check or money order to this blank, add the proper amount for insurance — and send it to your State Secretary — unless your Society has arranged that the local Secre-

tary send all these orders to the State Secretary.

The State Secretary checks the membership and signs the orders and sends them on to the jeweler.

In the case of Certification Wreaths, the State Secretary forwards these orders to the Executive Secretary of the ADA Certification Board, after she has signed them to attest to the membership. The ADACB Executive Secretary checks the Certification records for member's eligibility and forwards the order to the jeweler.

Pins, guards, and wreaths may be mailed directly to the purchasers, if names and addresses are included in the order; or a group of orders for one society may be shipped to one person if desired.

AMERICAN DENTAL ASSISTANTS ASSOCIATION PRICE LIST ADAA EMBLEM, PIN, AND GUARDS

	10K	Gold Filled
Emblem Pin	\$3.65	
Gavel with Pearl — State President	3.85	\$2.50
Gavel — Component Society President	2.75	1.85
Gavel — President-Elect Gavel with Elect on handle	2.75	1.85
Gavel with "Vice" on handle — All Vice Presidents	2.75	1.85
Quill with 3 Pearls — State Secretary	3.85	2.75
Quill — Component Societies	2.75	1.85
Inkwell — Assistant Secretaries	2.75	1.85
Crossed Quill & Key — Secretary-Treasurer	3.85	2.75
Key with 3 Pearls — State Treasurer	3.85	2.75
Key — Component Treasurer	2.75	1.85
Quill in Inkwell — Editor	3.25	2.25
Torch — Committeeman	2.75	1.85
Open Book — Historian	2.75	1.85
Single Letter Guard — Initial of State, City, Society	2.75	2.00
Two Letter Guard — Separate Letters	5.50	3.85
Special Design — Double Letter	3.25	2.25
Double Numeral Year Guard	2.75	
Loyalty Guards — 5 Year and 10 Year	2.75	
Loyalty Guards — 15 Year, 20 Year and 25 Year	3.85	
Trustee Guard	2.75	
Certification Wreath Only*	3.85	
Attach wreath to your ADAA Pin	1.15	
Certification Pin Complete*	7.50	

*Must be ordered on official blanks but sent to your State Secretary for approval — then to Assistant to the Secretary, ADACB, Inc., Mrs. Annette Stoker, 103 Midland Ave., Glen Ridge, New Jersey. Send pin directly to Karl J. Klein, Inc., Jewelers.

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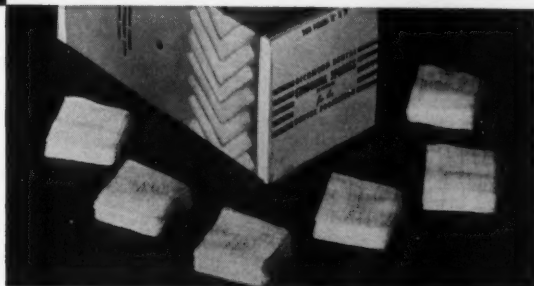
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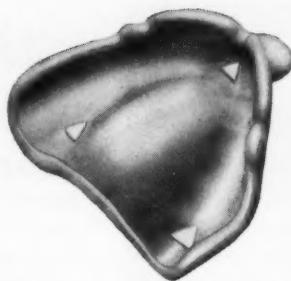
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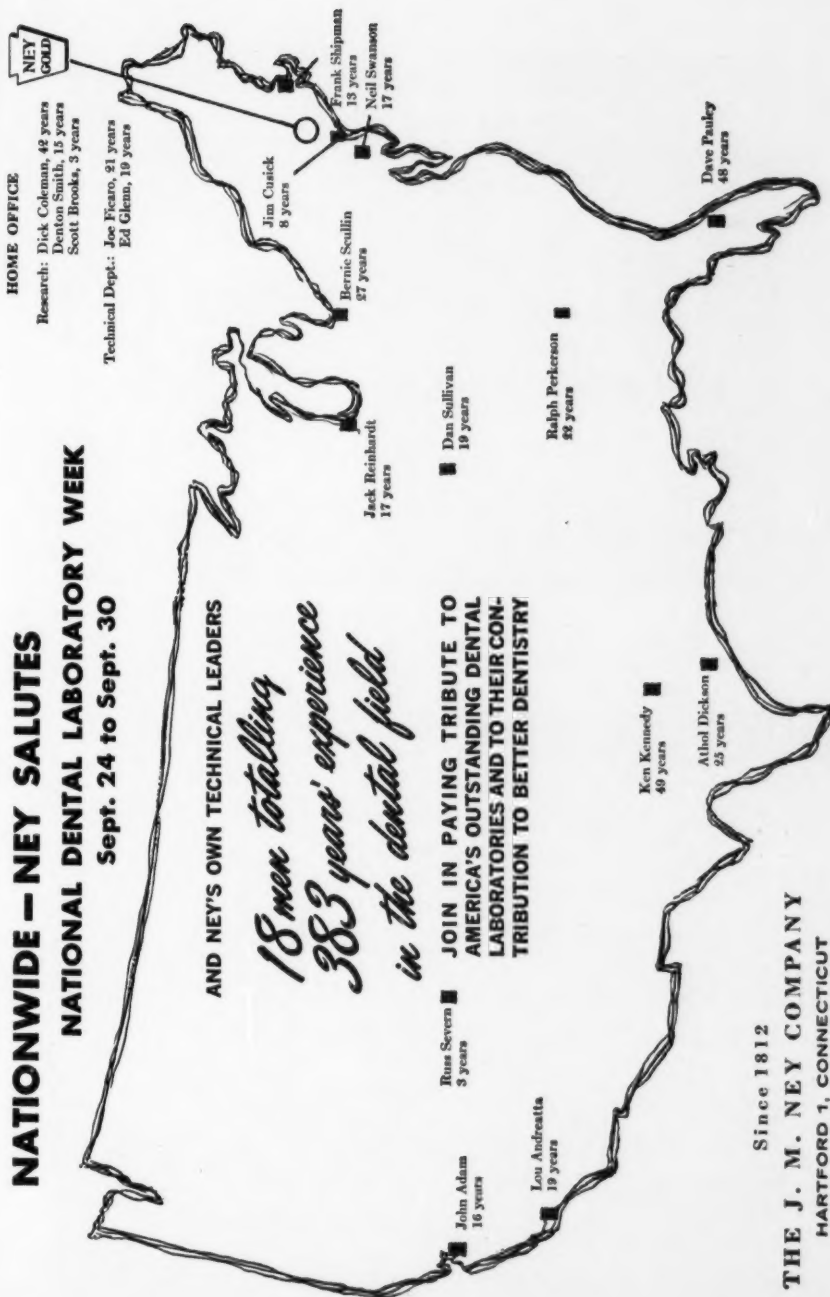
NATIONWIDE — NEY SALUTES

NATIONAL DENTAL LABORATORY WEEK

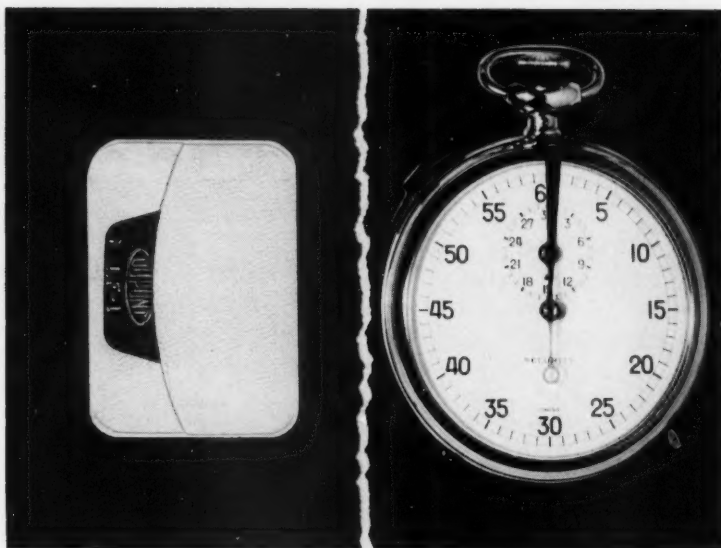
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*18 men totalling
 383 years' experience
 in the dental field*

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from S.S. WHITE—
*to help speed
 operative procedures*

2 PRACTICAL CARBIDE BUR ASSORTMENTS



FG Carbide Bur

Assortment No. 48

CONTENTS:

35 Plain Burs
 12 dentate burs
 1 end cutting bur
 1 Uni-Block Free



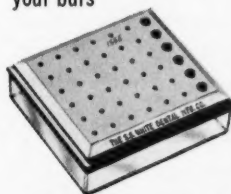
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- 36 small holes for all types of carbide burs—right angle, friction grip or taper shank.

- 6 large holes—for burs after use—assistant knows these are "to be sterilized."

- Bur numbers can be written on Uni-Block in pencil or ink.

- Clear plastic lid protects burs from dust . . . serves as base when Uni-Block is in use.

"2-in-1" BUR

1558 Carbide Bur
 for Opening and
 Extending Fissures



A fissure bur with a round cutting end to make the opening vertical cuts. Fissure is extended by moving bur laterally. Supplied for FG Handpiece, Latch Type Angle and Straight Handpiece use.



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STEAM AND DRY
STERILIZATION
IN A
SINGLE UNIT!

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DOES 2-IN-1 DUTY

The only dual-purpose unit on the market, OMNI-CLAVE gives you both steam and dry sterilization in a single-chamber auto-clave. Among its superior advantages are ease and speed of operation.

Single-knob action sets pressure and temperature. From a cold start, OMNI-CLAVE reaches pressure in 10 minutes; on successive cycles, in less than 4 minutes. OMNI-CLAVE takes up to 3 trays, instruments up to 13 inches—chamber is 7" x 14".

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OMNI-CLAVE

frees you for other important duties . . . saves your

TIME • PRESSURE • TEMPERATURE

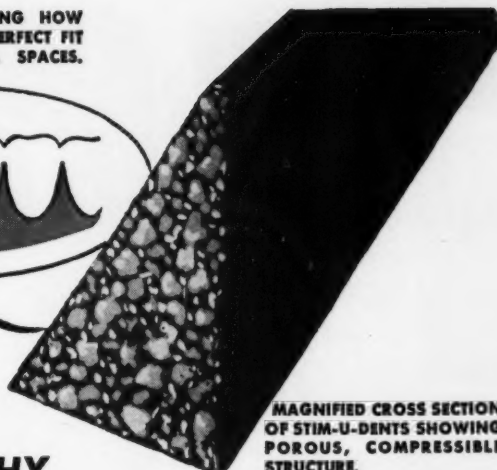
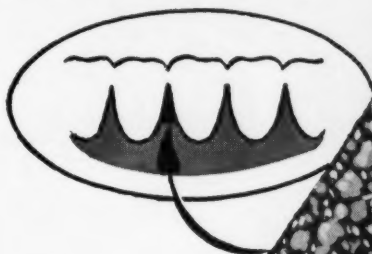
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BECAUSE: WHEN MOISTENED, STIM-U-DENTS, BY REASON OF THEIR COMPRESSIBILITY, form a perfect fit in the teeth spaces not reached by the toothbrush.

When GENTLY MOVED BACK AND FORTH they produce a highly efficient massaging action which thousands of dentists "swear by" for promoting healthy gum tissue and also rendering an invaluable aid in their treatment of PYORRHEA and GINGIVITIS.

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PLUS THESE SPECIAL FEATURES

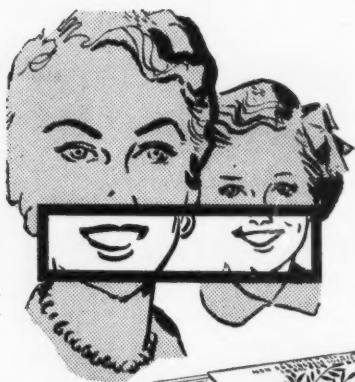
- Py-co-TIP—flexible rubber tip for interdental stimulation.
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References: 1. Berling, C. Carbocaine in local anaesthesia in the oral cavity. Odont. Revy. 9:254 1958. 2. Feldmann, G., and Nordenram, A. The anaesthetic effect of Carbocaine and lidocaine. Svenska Tandl. Tidskr. 52:531 1959. 3. Weil, C., Welham, F. S., Santangelo, C. and Yackel, R. F. Clinical evaluation of mepivacaine hydrochloride by a new method. J.A.D.A. 63:26 July 1961. 4. Dobbs, E. C., and Ross, N. The new local anesthetic, Carbocaine. New York State D. J. (to be published). 5. Wessman, T. A private practitioner's view of a local anesthetic without a vasoconstrictor. Sverig. Tandl. Forb. Tidn. No. 3 1959. 6. Schwarzkopf, H. A further advance within the field of odontological local anesthesia. Deutsche Zahnärztl. No. 24 1959. 7. Ross, N., and Dobbs, E. C. A preliminary study on Carbocaine. J.A.D.S.A. 7:4 Nov. 1960.



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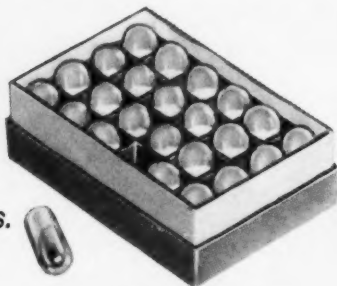
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See Demonstration at Crescent Booths 523 & 525
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Now, the Wig-l-bug is *more valuable to you than ever before*...because it can be used to mix silicate cements and other materials as *perfectly as it has always mixed amalgam alloy*. This dependable aid to better dentistry mixes efficiently, uniformly, quickly and without waste. If you do not have a Wig-l-bug in your office, delay no longer. Available in Black, White and a choice of Colors at your dealer's.

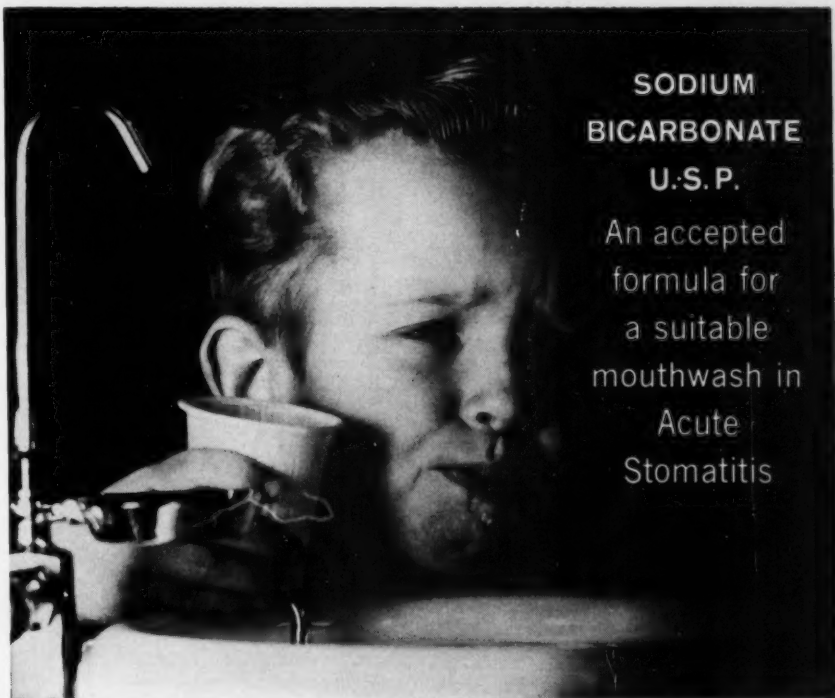


- ✓ Mixes in 10 to 20 seconds.
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1. Accepted Dental Remedies, pp. 135 & 143, 25th Edition, 1960.



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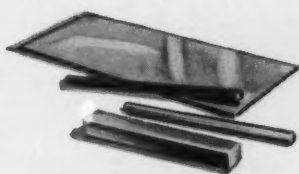
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For Individualized Trays and
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An entirely new formulation with unique properties developed especially for individualized trays and stabilized base plates. Handles like putty without elasticity or tendency to spring away from margins during adaption. Offered in clean white, pink and blue—squeeze-bottle packaged.




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- Bite Sticks—Pink or Yellow

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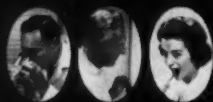
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J.A.D.A., 61:272 (1960)



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Gives you warm
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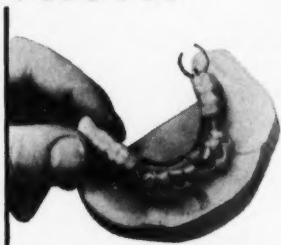
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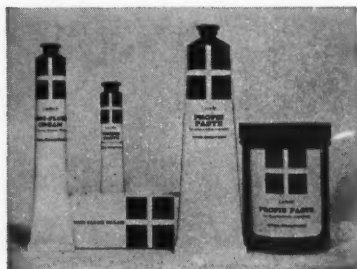
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